

EXHIBIT A

United States Bankruptcy Court for the Northern District of Iowa	
Name of Debtor: MERCY HOSPITAL, IOWA CITY, IOWA Case Number: 23-00623	For Court Use Only Claim Number: 0000010125 File Date: 09/28/2023 17:51:20

Proof of Claim (Official Form 410)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/22

Part 1: Identify the Claim	
1. Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim): Allergan Aesthetics Div. of Abbvie Inc. Other names the creditor used with the debtor: Allergan; AbbVie	
2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
Where should notices to the creditor be sent? Name Allergan Aesthetics Div. of Abbvie Inc. Address Kohner, Mann & Kailas, S.C. 4650 North Port Washington Road City Milwaukee State WI ZIP Code 53212 Country (if International): United States Phone: 4149625110 Email: cvonhelms@kmksc.com	Where should payments to the creditor be sent? (if different) Name _____ Address _____ City _____ State _____ ZIP Code _____ Country (if International): _____ Phone: _____ Email: _____
4. Does this claim amend one already filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims register (if known) _____ Filed on _____ MM / DD / YYYY	5. Do you know if anyone else has filed a proof of claim for this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4342 _____</p>	<p>7. How much is the claim? 87,018.00 \$ _____</p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>	<p>8. What is the basis of the claim?</p> <p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Goods Sold/Services (Trade Claim) _____</p>	
<p>9. Is all or part of the claim secured?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	<p>10. Is this claim based on a lease?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition. \$ _____</p>	<p>11. Is this claim subject to a right of setoff?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>	
<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. <i>Check one:</i></p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ 48,370.00</p> <p><input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507 (a) (507(a)(2)) that applies. \$ _____</p> <p><small>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</small></p>			<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p>Amount entitled to priority</p>
<p>13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____</p>			

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
- ☒ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Eric R. von Helms

09/28/2023 17:51:20

Signature

Date

Provide the name and contact information of the person completing and signing this claim:

Name Eric R. von Helms

Address Kohner, Mann & Kailas, S.C.

4650 North Port Washington Road

City Milwaukee

State WI Zip 53212

Country (in international) United States

Phone 4149625110

Email evonhelms@kmksc.com

Fill in this information to identify the case:	
Debtor 1	<u>Mercy Hospital, Iowa City, Iowa</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: <u>Northern District of Iowa</u>	
Case number	<u>23-00623</u>

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Allergan Aesthetics, division of AbbVie Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Allergan; AbbVie</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Kohner, Mann & Kailas, S.C.</u> Name <u>4650 North Port Washington Road</u> Number Street <u>Milwaukee WI 53212</u> City State ZIP Code Contact phone <u>414-962-5110</u> Contact email <u>evonhelms@kmksc.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4 3 4 2

7. How much is the claim? \$ 87,018.00 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Goods sold

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☒ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☒ Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies.

\$ 48,370.00

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/28/2023
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name Eric R. von Helms
First name Middle name Last name

Title Attorney in Fact / Agent

Company Kohner, Mann & Kailas, S.C.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4650 North Port Washington Road
Number Street

Milwaukee WI 53212
City State ZIP Code

Contact phone 414-962-5110 Email evonhelms@kmksc.com

abbvie

AbbVie US LLC

Item Detail Statement of Account

Customer Number 5024342

Statement Date 09/18/2023

MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Page 1 of 3

INVOICE NUMBER	DOCUMENT TYPE	DESCRIPTION	QTY	INVOICE ITEM	PO NUMBER	DOCUMENT DATE	DUE DATE	INVOICE TOTAL	INVOICE REFERENCE	BALANCE DUE
603877194	Invoice	1519320P AlliDerm SELECT 16x20 Perf-Thk 2.0-2.8 Serial Number: RH248474-009 1519320P AlliDerm SELECT 16x20 Perf-Thk 2.0-2.8 Serial Number: RH248480-012	1	9,662.00	315010	06/30/2023	07/30/2023	19,324.00	109622852	19,324.00
604359084	Invoice	1519320P AlliDerm SELECT 16x20 Perf-Thk 2.0-2.8 Serial Number: RH249125-013 1519320P AlliDerm SELECT 16x20 Perf-Thk 2.0-2.8 Serial Number: RH249761-008	1	9,662.00	8-317172	09/05/2023	10/05/2023	19,324.00	110307904	19,324.00
604388149	Invoice	1519320P AlliDerm SELECT 16x20 Perf-Thk 2.0-2.8 Serial Number: RH245807-015	1	9,662.00	317387	09/08/2023	10/08/2023	9,662.00	110350448	9,662.00
604404730	Invoice	30-0003 NATRELLE Universal Fill Kit 1519320P	1	60.00	8-317490	09/12/2023	11/11/2023	60.00	110379083	19,384.00
604405824	Invoice	1519320P AlliDerm SELECT 16x20 Perf-Thk 2.0-2.8	1	9,662.00	8-317490	09/12/2023	10/12/2023	19,324.00		

Item Detail Statement of Account

Statement Date 09/18/2023

MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

INVOICE NUMBER	DOCUMENT TYPE	DESCRIPTION	QTY	INVOICE ITEM	PO NUMBER	DOCUMENT DATE	DUEDATE	INVOICEDATE	INVOICE REFERENCE	BALANCE DUE
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RH249281-017

19,324.00

RH242710-007

19,324.00-

Alloderm SELECT 16x20 Perf-Thk 2.0-2.8

19,324.00

AllDerm SELECT 16x20 Perf-Thk 2.0-2.8

87.018.00

abbvie

INVOICE

Any questions please contact
Accounts Receivable at 1-800-811-4148

Page 1 of 1
Fed Tax ID 80-0805709
DUNS # 07-845-8370

Sold to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Bill To # 50244342
Invoice # 603877194
Billing Date 06/30/2023
PO # 315010
Payment Terms Net 30 Days

Payer # 50244342
Order # 109622852
Delivery # 511791916
Ship Date 06/30/2023

This invoice is governed by and subject to AbbVie standard terms and conditions of sale, which are located at the company website <https://www.e-abbvie.com>. If you prefer a hard copy of these standard terms and conditions of sale, please contact AbbVie Customer Service at the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
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10	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							

(Qty) Batch # EXP Date (1) RH248474 05/31/2025

SERIAL NO: RH248474-009

20	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							

(Qty) Batch # EXP Date (1) RH248480 05/31/2025

SERIAL NO: RH248480-012

The price stated herein may constitute a discount within the meaning of 42 U.S.C Sec 1320a-7b(b)(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$19,324.00
Total Before Tax	\$19,324.00
Total Tax	\$0.00
Total	\$19,324.00

AbbVie US LLC of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. AbbVie US LLC certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.



AbbVie US LLC
62671 Collection Center Drive
Chicago, IL, 60693-0626

Thank you for your order



INVOICE

Any questions please contact
Accounts Receivable at 1-800-811-4148

Page 1 of 1
Fed Tax ID 80-0805709
DUNS # 07-845-8370

Bill to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604359084
Billing Date 09/05/2023
PO # B-317172
Payment Terms Net 30 Days
Net Due Date 10/05/2023

Payer # 50244342
Order # 110307904
Delivery # 512537148
Ship Date 09/05/2023

This invoice is governed by and subject to AbbVie's standard terms and conditions (T&Cs) of sale. T&Cs for Pharmaceutical products and Lupron are located at www.e-abbvie.com, for all other Direct to Physician, Retail and Aesthetic products T&Cs please contact the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
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10	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							

(Qty) Batch # EXP Date (1) RH249125 06/30/2025

SERIAL NO: RH249125-013

20	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							

(Qty) Batch # EXP Date (1) RH249761 07/31/2025

SERIAL NO: RH249761-008

The price stated herein may constitute a discount within the meaning of 42 U.S.C. Sec 1320a-7b(b)(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$19,324.00
Total Before Tax	\$19,324.00
Total Tax	\$0.00
Total	\$19,324.00

AbbVie US LLC of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. AbbVie US LLC certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.



AbbVie US LLC
62671 Collection Center Drive
Chicago, IL, 60693-0626

Thank you for your order

abbvie

INVOICE

Page 1 of 1
Fed Tax ID 80-0805709
DUNS # 07-845-8370

Any questions please contact
Accounts Receivable at 1-800-811-4148

Bill to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604388149
Billing Date 09/08/2023
PO # 317387
Payment Terms Net 30 Days
Net Due Date 10/08/2023

Payer # 50244342
Order # 110350448
Delivery # 512591092
Ship Date 09/08/2023

This invoice is governed by and subject to AbbVie's standard terms and conditions (T&Cs) of sale. T&Cs for Pharmaceutical products and Lupron are located at www.e-abbvie.com, for all other Direct to Physician, Retail and Aesthetic products T&Cs please contact the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
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10	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
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GTIN 00818410013790

(Qty) Batch # EXP Date (1) RH245807 01/31/2025

SERIAL NO: RH245807-015

The price stated herein may constitute a discount within the meaning of 42 U.S.C. Sec 1320a-7b(b)(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$9,662.00
Total Before Tax	\$9,662.00
Total Tax	\$0.00
Total	\$9,662.00

AbbVie US LLC of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. AbbVie US LLC certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.



AbbVie US LLC
62671 Collection Center Drive
Chicago, IL, 60693-0626

Thank you for your order



INVOICE

Page 1 of 1

Fed Tax ID 80-0805709

DUNS # 07-845-8370

Any questions please contact
Accounts Receivable at 1-800-811-4148

Bill to Customer # 50244342

MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342

MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604404730
Billing Date 09/12/2023
PO # B-317490
Payment Terms Net 60 Days
Net Due Date 11/11/2023

Payer # 50244342
Order # 110379083
Delivery # 512627383
Ship Date 09/12/2023

This invoice is governed by and subject to AbbVie's standard terms and conditions (T&Cs) of sale. T&Cs for Pharmaceutical products and Lupron are located at www.e-abbvie.com, for all other Direct to Physician, Retail and Aesthetic products T&Cs please contact the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
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10	30-00033	NATRELLE Universal Fill Kit	1 EA (1/EA)	60.00	60.00	60.00	N
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(Qty) Batch # EXP Date (1) 0061792770 08/31/2026

The price stated herein may constitute a discount within the meaning of 42 U.S.C. Sec. 1320a-7b(f)(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$60.00
Total Before Tax	\$60.00
Total Tax	\$0.00
Total	\$60.00

AbbVie US LLC of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. AbbVie US LLC certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.



AbbVie US LLC
62671 Collection Center Drive
Chicago, IL, 60693-0626

Thank you for your order

abbvie

INVOICE

Page 1 of 1
Fed Tax ID 80-0805709
DUNS # 07-845-8370

Any questions please contact
Accounts Receivable at 1-800-811-4148

Bill to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604405824
Billing Date 09/12/2023
PO # B-317490
Payment Terms Net 30 Days
Net Due Date 10/12/2023

Payer # 50244342
Order # 110379083
Delivery # 512628119
Ship Date 09/12/2023

This invoice is governed by and subject to AbbVie's standard terms and conditions (T&Cs) of sale. T&Cs for Pharmaceutical products and Lupron are located at www.e-abbvie.com, for all other Direct to Physician, Retail and Aesthetic products T&Cs please contact the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
20	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							
(Qty) Batch # EXP Date (1) RH245774 01/31/2025							
SERIAL NO: RH245774-007							

30	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							
(Qty) Batch # EXP Date (1) RH249281 06/30/2025							
SERIAL NO: RH249281-017							

The price stated herein may constitute a discount within the meaning of 42 U.S.C. Sec. 1320a-7b(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$19,324.00
Total Before Tax	\$19,324.00
Total Tax	\$0.00
Total	\$19,324.00

AbbVie US LLC of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. AbbVie US LLC certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.



AbbVie US LLC
62671 Collection Center Drive
Chicago, IL, 60693-0626

Thank you for your order

abbvie

INVOICE

Page 1 of 1
Fed Tax ID 80-0805709
DUNS # 07-845-8370

Any questions please contact
Accounts Receivable at 1-800-811-4148

Bill to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604431227
Billing Date 09/15/2023
PO # B-317691
Payment Terms Net 30 Days
Net Due Date 10/15/2023

Payer # 50244342
Order # 110417284
Delivery # 512681313
Ship Date 09/15/2023

This invoice is governed by and subject to AbbVie's standard terms and conditions (T&Cs) of sale. T&Cs for Pharmaceutical products and Lupron are located at www.e-abbvie.com, for all other Direct to Physician, Retail and Aesthetic products T&Cs please contact the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
10	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	2 EA (1/EA)	9662.00	19,324.00	19,324.00	N

GTIN 00818410013790

(Qty) Batch # EXP Date (2) RH242710 07/31/2024

SERIAL NO: RH242710-006, RH242710-007

The price stated herein may constitute a discount within the meaning of 42 U.S.C Sec 1320a-7b(b)(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$19,324.00
Total Before Tax	\$19,324.00
Total Tax	\$0.00
Total	\$19,324.00

AbbVie US LLC of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. AbbVie US LLC certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.



AbbVie US LLC
62671 Collection Center Drive
Chicago, IL, 60693-0626

Thank you for your order



CREDIT MEMO

Any questions please contact
Accounts Receivable at 1-800-811-4148

Page 1 of 1
Fed Tax ID 80-0805709
DUNS # 07-845-8370

Sold to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Bill To # 50244342
Credit memo # 801579530
Billing Date 06/20/2023
PO # 1/20/2023
Payment Terms Net 30 Days

Payer # 50244342
Credit Memo Request # 301998584
Reference Invoice #
Reference Invoice Date

This invoice is governed by and subject to AbbVie standard terms and conditions of sale, which are located at the company website <https://www.e-abbvie.com>. If you prefer a hard copy of these standard terms and conditions of sale, please contact AbbVie Customer Service at the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
10	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
	GTIN 00818410013790						
	SERIAL NO: RH241540-006						
20	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
	GTIN 00818410013790						
	SERIAL NO: RH241607-005						

The price stated herein may constitute a discount within the meaning of 42 U.S.C Sec 1320a-7b(b)(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$19,324.00
Total Before Tax	\$19,324.00
Total Tax	\$0.00
Total	\$19,324.00



DEBIT MEMO

Any questions please contact
Accounts Receivable at 1-800-811-4148

Page 1 of 1
Fed Tax ID 80-0805709
DUNS # 07-845-8370

Sold to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Bill To # 50244342
Debit memo # 830193479
Billing Date 06/20/2023
PO # UR1281925
Payment Terms Net 30 Days

Payer # 50244342
Debit Memo Request # 330240322
Reference Invoice #
Reference Invoice Date

This invoice is governed by and subject to AbbVie standard terms and conditions of sale, which are located at the company website <https://www.e-abbvie.com>. If you prefer a hard copy of these standard terms and conditions of sale, please contact AbbVie Customer Service at the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
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10	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
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GTIN 00818410013790

SERIAL NO: RH241540-006

20	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
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GTIN 00818410013790

SERIAL NO: RH241540-006

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Extended Price	\$19,324.00
Total Before Tax	\$19,324.00
Total Tax	\$0.00
Total	\$19,324.00

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**PLEASE REMIT
PAYMENT TO:**

AbbVie US LLC
62671 Collection Center Drive
Chicago, IL, 60693-0626